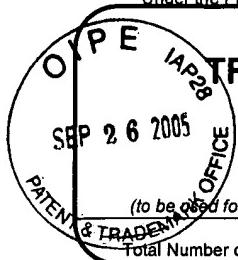


Jf

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.


**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/808,648
Filing Date	03/25/2004
First Named Inventor	Jody A. Swenson
Art Unit	2858
Examiner Name	Anjan K. Deb
Attorney Docket Number	5837.041

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation of POA, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): See Remarks Below:
<input type="button" value="Remarks"/> 1. Transmittal Form PTO/SB/21 (1 page); 2. Fee Transmittal PTO/SB 17 (1 page); 3. Election (2 page); and 4. Return Receipt Postcard.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	DUNLAP, CODDING & ROGERS, P.C.	
Signature	<i>Marc Brockhaus</i>	
Printed name	Marc A. Brockhaus	
Date	09/26/2005	Reg. No. 40,923

CERTIFICATE OF TRANSMISSION/MAILING

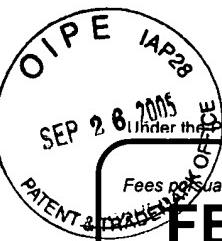
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:
 *** Express Mail No. 416035935 ***

Signature	<i>Marc Brockhaus</i>
Typed or printed name	Marc A. Brockhaus
Date	09/26/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
 0.00
Complete if Known

Application Number	10/808,648
Filing Date	03/25/2004
First Named Inventor	Jody A. Swenson
Examiner Name	Anjan K. Deb
Art Unit	2858
Attorney Docket No.	5837.041

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____
- Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP =	x 0.00	= 0.00			
HP = highest number of total claims paid for, if greater than 20					

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x 0.00	= 0.00			
HP = highest number of independent claims paid for, if greater than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	0 / 50 =	(round up to a whole number) x	= 0.00	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

Fees Paid (\$)

0.00

SUBMITTED BY

Signature	<i>Marc Brockhaus</i>	Registration No. (Attorney/Agent)	40,923	Telephone	405-607-8600
Name (Print/Type)	Marc A. Brockhaus			Date	09/26/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Express Mail No. EV 4160325935 US PATENT
Date Deposited: September 26, 2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Swenson, et al.) Art Unit: 2858
Serial No.: 10/808,648)
Filed: March 25, 2004) Examiner: Deb, Anjan K
) Atty Dkt. No. 5837.041
)

For: ELECTRIC FIELD METER HAVING
CURRENT COMPENSATION

MAIL BOX NON-FEE AMENDMENT
Commissioner for Patent
P.O. Box 1450
Alexandria, VA 22313-1450

ELECTION

Sir:

In response to the Examiner's office action dated August 25, 2005, Applicant hereby elects Group I, claims 1-18 and 21-29 drawn to an electric field meter, without traverse.

In the Office Action, it was also requested that Applicant elect a single disclosed species for prosecution on the merits to which the claims shall be restricted if no generic claim is finally held to be allowable. In this regard, Applicants hereby elect the species depicted in Figure 16, the claims being readable thereon are claims 1, 2, 3, 4, 5, 6, 8, 10, 11, 12, 13, 14, 15, 17, 21, 22, 23, 24, 26, and 27.

In addition, it is Applicants' attorney's belief that the following claims are generic: 1, 2, 3, 4, 5, 6, 10, 11, 12, 13, 14, 15, 21, 22, 23, 24, 26, and 27.

The foregoing is intended to be a complete response to the Office Action dated August 25, 2005. Should the Examiner have any questions or comments, Applicants' attorney would welcome a telephonic interview with the Examiner.

Respectfully submitted,

Marc Brockhaus

Marc A. Brockhaus, Reg. No. 40,923
DUNLAP, CODDING & ROGERS, P.C.
P.O. Box 16370
Oklahoma City, Oklahoma 73113
(405) 607-8600 - telephone
(405) 607-8686 - telefax

Attorney for Applicants